Adopted	Rejected

COMMITTEE REPORT

YES:	11
NO:	0

MR. SPEAKER:

Your Committee on **Public Health**, to which was referred House Bill 1572, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill **be amended** as follows:

Page 1, delete lines 1 through 15, begin a new paragraph and insert:

"SECTION 1. IC 2-5-23-8 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 8. ~~Beginning May 1, 1997,~~ **(a)** The health policy advisory committee is established. At the request of the chairman **of the commission,** the health policy advisory committee shall provide information and otherwise assist the commission to perform the duties of the commission under this chapter.

(b) The health policy advisory committee members are ex officio and may not vote.

(c) The health policy advisory committee members shall be appointed from the general public and must include one (1) individual who represents each of the following:

(1) The interests of public hospitals.

(2) The interests of community mental health centers.

(3) The interests of community health centers.

(4) The interests of the long term care industry.

(5) The interests of health care professionals licensed under IC 25, but not licensed under IC 25-22.5.

(6) The interests of rural hospitals. An individual appointed under this subdivision must be licensed under IC 25-22.5.

(7) The interests of health maintenance organizations (as defined in IC 27-13-1-19).

(8) The interests of for-profit health care facilities (as defined in IC 27-8-10-1).

(9) A statewide consumer organization.

(10) A statewide senior citizen organization.

(11) A statewide organization representing people with disabilities.

(12) Organized labor.

(13) The interests of businesses that purchase health insurance policies.

(14) The interests of businesses that provide employee welfare benefit plans (as defined in 29 U.S.C. 1002) that are self-funded.

(15) A minority community.

(16) The uninsured. An individual appointed under this subdivision must be and must have been chronically uninsured.

(17) An individual who is not associated with any organization, business, or profession represented in this subsection other than as a consumer.

(d) The chairman of the commission shall annually select a member of the health policy advisory committee to serve as chairperson.

(e) The health policy advisory committee shall meet at the call of the chairperson of the health policy advisory committee.

(f) The health policy advisory committee shall submit quarterly reports to the commission and the select joint commission on Medicaid oversight that summarize the committee's actions and the committee's findings and recommendations on any topic assigned to the committee. The report must be in an electronic format under IC 5-14-6.".

Page 2, line 2, reset in roman "may".

Page 2, line 2, delete "shall".

Page 2, line 5, delete "each managed care provider" and insert "**the**

office shall establish a uniformed prescription drug formulary to be administered and managed by the Medicaid managed care companies. Each managed care provider that has contracted with the office under IC 12-15-30 shall submit to the office recommendations of prescription drugs to be added to the formulary. The office shall use its discretion to determine the process for review, edits, and additions to the formulary as required by the drug utilization review board. The prescription drug formulary is not required to be the same as the drug utilization review board's preferred drug list established by IC 12-15-35.".

Page 2, delete lines 6 through 10.

Page 2, line 28, delete "the following".

Page 3, delete lines 19 through 42.

Delete pages 4 through 5.

Page 6, delete lines 1 through 41, begin a new paragraph and insert:

"SECTION 7. [EFFECTIVE UPON PASSAGE] **(a) As used in this SECTION, "advisory committee" refers to the health policy advisory committee established by IC 2-5-23-8.**

(b) Before July 1, 2010, the advisory committee shall study and make recommendations concerning the following:

(1) Whether the office of Medicaid policy and planning should expedite review of an infant's placement and determine that the infant is at a level of institutionalization that would qualify the child for federal Supplemental Security Income in situations in which an infant:

(A) is a patient in, or is anticipated to need care in, a neonatal or perinatal intensive care setting for at least thirty (30) days; or

(B) has an illness that falls in the diagnosis related group (DRG) category list used by the office that would qualify the infant as disabled.

(2) Whether the office of Medicaid policy and planning should publish on the office's web site the diagnosis related group (DRG) category list used by the office in subdivision (1)(B).

(3) The minimum time needed to conduct an expedited review under subdivision (1).

(4) The uniform definitions that a managed care organization

that has contracted with the office under IC 12-15-30 must have, including the following terms:

(A) "Administrative denial".

(B) "Appeal".

(C) "Complaint".

(D) "Grievance".

(E) "Inquiry".

(F) "Medical necessity denial".

(G) "Reconsideration".

(H) Any other definitions outlined by the National Commission on Quality Assurance.

(5) The uniform procedures that a managed care organization that has contracted with the office under IC 12-15-30 must have, including a uniform procedure for the following:

(A) Credentialing that allows a provider to be credentialed one (1) time for participation in any Medicaid program.

(B) Claims processing.

(6) The uniform process and form to be used by managed care organizations that have contracted with the office of Medicaid policy and planning under IC 12-15-30, including the following forms:

(A) A denial of a claim form.

(B) An appeals process form.

(C) A prior authorization form.

(D) Any other forms that are necessary for consistency and standardization according to National Commission on Quality Assurance accreditation criteria.

(7) The prevalence of reclassification of an initial request made by a provider, including a request for appeal.

(8) Simplified uniform reporting criteria for the following:

(A) Pharmacy claim reviews, including denials, appeals, and overturns.

(B) Medical necessary prior authorization approvals, denials, and overturns.

(C) Administrative denials, appeals, and overturns.

(9) The current state data reporting metrics.

(10) Any needed revisions to the reporting requirements to comply with the National Commission on Quality Assurance

reporting and outcome standards.

(c) Before June 1, 2009:

(1) the president pro tempore of the senate shall appoint members of the advisory committee as required under IC 2-5-23-9; and

(2) the speaker of the house of representatives shall appoint members of the advisory committee as required under IC 2-5-23-10.

(d) This SECTION expires July 1, 2010.".

Renumber all SECTIONS consecutively.

(Reference is to HB 1572 as introduced.)

and when so amended that said bill do pass.

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Representative Brown C